

1	Unified Rate Review v2.0.4																									
2																										
3	Company Legal Name:		Celtic Insurance Company					State:		KY																
4	HIOS Issuer ID:		92164					Market:		Individual																
5	Effective Date of Rate Change(s): 1/1/2016																									
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7																										
8	Market Level Calculations (Same for all Plans)																									
9																										
10																										
11	Section I: Experience period data																									
12	Experience Period:		1/1/2014					to		12/31/2014																
13			Experience Period																							
14			Aggregate Amount					PMPM		% of Prem																
15	Premiums (net of MLR Rebate) in Experience Period:		\$0					#DIV/0!		#DIV/0!																
16	Incurred Claims in Experience Period		\$0					#DIV/0!		#DIV/0!																
17	Allowed Claims:		\$0					#DIV/0!		#DIV/0!																
18	Index Rate of Experience Period							\$0.00																		
19	Experience Period Member Months		0																							
20	Section II: Allowed Claims, PMPM basis																									
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32	Section III: Projected Experience:																									
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49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																									
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# Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Celtic Insurance Company

92164

1/1/2016

State:

KY

Market:

Individual

## Product/Plan Level Calculations

### Section I: General Product and Plan Information

Product		Celtic Health Plan
Product ID:		92164KY001
Metal:		Bronze
AV Metal Value		0.606
AV Pricing Value		0.818
Plan Type:		Indemnity
Plan Name		Bronze
Plan ID (Standard Component ID):		92164KY0010001
Exchange Plan?		No
Historical Rate Increase - Calendar Year - 2		0.00%
Historical Rate Increase - Calendar Year - 1		0.00%
Historical Rate Increase - Calendar Year 0		0.00%
Effective Date of Proposed Rates		1/1/2016
Rate Change % (over prior filing)		9.93%
Cum'tive Rate Change % (over 12 mos prior)		9.93%
Proj'd Per Rate Change % (over Exper. Period)		12.29%
Product Threshold Rate Increase %		9.93%

### Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	92164KY0010001
Inpatient	#DIV/0!	\$6.54
Outpatient	#DIV/0!	\$8.36
Professional	#DIV/0!	\$9.39
Prescription Drug	#DIV/0!	\$5.63
Other	#DIV/0!	\$1.31
Capitation	#DIV/0!	\$0.00
Administration	#DIV/0!	\$6.18
Taxes & Fees	#DIV/0!	\$2.49
Risk & Profit Charge	#DIV/0!	\$1.34
Total Rate Increase	#DIV/0!	\$41.25
Member Cost Share Increase	#DIV/0!	\$0.00

Average Current Rate PMPM	\$415.38	\$415.38
Projected Member Months	120	120

### Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	92164KY0010001
Plan Adjusted Index Rate	#DIV/0!	\$394.82
Member Months	0	0
Total Premium (TP)	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%
Other benefits portion of TP	#DIV/0!	0.00%
Total Allowed Claims (TAC)	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%

state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	
Total Incurred claims, payable with issuer funds	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00

**ation IV: Projected (12 months following effective date)**

Plan ID (Standard Component ID):	Total	92164KY0010001
Plan Adjusted Index Rate	\$443.35	\$443.35
Member Months	120	120
Total Premium (TP)	\$53,202	\$53,202
EHB Percent of TP, [see instructions]	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%
Total Allowed Claims (TAC)	\$70,125	\$70,125
EHB Percent of TAC, [see instructions]	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$28,631	\$28,631
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$41,494	\$41,494
Net Amt of Rein	\$3,115	\$3,115
Net Amt of Risk Adj	\$144	\$144